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<b>APPLICANTS</b> Garrick Maenle, Columbus, OH; William Knox, West Jefferson, OH; David Zahniser, Wellesley, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/245,971 11/03/2000 and is a CIP of 09/430,198 10/29/1999 and is a CIP of 09/430,116 10/29/1999 PAT 6,348,325 <i>&gt; VERIFIED 28</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/21/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature <i>[Signature]</i> Initials <i>RS</i>		STATE OR COUNTRY OH	SHEETS DRAWING 33	TOTAL CLAIMS 23
INDEPENDENT CLAIMS 5				
<b>ADDRESS</b> 23639				
<b>TITLE</b> Cytological imaging systems and methods				
<b>FILING FEE RECEIVED</b> 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	